

# DECLARATION AND POWER OF ATTORNEY

(37 CFR 1.63)

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

## POWER BUS FOR REMOVABLE REFRIGERATOR SHELVES

The specification of which:

☒ is attached hereto.

☐ was filed on \_\_\_\_\_ as Application Serial No. \_\_\_\_\_, and was amended on \_\_\_\_\_ (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56(a).

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35 United States Code §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application.

### PRIOR UNITED STATES APPLICATIONS(S)

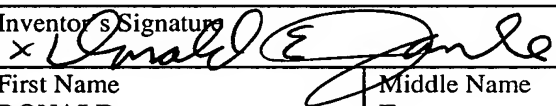
APPLICATION SERIAL NUMBER	FILING DATE	STATUS (Patented, Pending, Abandoned)

I hereby appoint the following practitioners my attorneys to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: Robert O. Rice (Reg. No. 26,574), Stephen D. Krefman (Reg. No. 28,631), Thomas J. Roth (Reg. No. 32,294), Andrea Powers Denklau (38,998), and Joel M. Van Winkle (Reg. No. 37,458), John F. Colligan (Reg. No. 48,240).

Address all correspondence to: Customer Number 00173

All telephone inquiries should be made to: Robert O. Rice, 616-923-3870.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

Dated x 7/29/03		Inventor's Signature x 		
Full Name of Inventor	Last Name <b>JANKE</b>	First Name <b>DONALD</b>	Middle Name <b>E.</b>	
Residence & Citizenship	City <b>BENTON HARBOR</b>	State or Foreign Country <b>MICHIGAN</b>	Country of Citizenship <b>UNITED STATES OF AMERICA</b>	
Post Office Address	Street & No. <b>321 N. HIGHLAND</b>	City <b>BENTON HARBOR</b>	State or Country <b>MICHIGAN</b>	Zip Code <b>49022</b>

## DECLARATION AND POWER OF ATTORNEY

Attorney's Docket No. US20020285

Dated X 7/29/03		Inventor's Signature X <i>Steven J. Kuehl</i>	
Full Name of Inventor	Last Name <b>KUEHL</b>	First Name <b>STEVEN</b>	Middle Name <b>J.</b>
Residence & Citizenship	City <b>ST. JOSEPH</b>	State or Foreign Country <b>MICHIGAN</b>	Country of Citizenship <b>UNITED STATES OF AMERICA</b>
Post Office Address	Street & No. <b>5111 PUETZ ROAD</b>	City <b>STEVENSVILLE</b>	State or Country <b>MICHIGAN</b> Zip Code <b>49127</b>

Dated X 7.29.03		Inventor's Signature X <i>Michele Emig</i>	
Full Name of Inventor	Last Name <b>EMIG</b>	First Name <b>MICHELE</b>	Middle Name <b>E.</b>
Residence & Citizenship	City <b>ST. JOSEPH</b>	State or Foreign Country <b>MICHIGAN</b>	Country of Citizenship <b>UNITED STATES OF AMERICA</b>
Post Office Address	Street & No. <b>528 1/2 WINCHESTER</b>	City <b>ST. JOSEPH</b>	State or Country <b>MICHIGAN</b> Zip Code <b>49085</b>

Dated X 7-29-03		Inventor's Signature X <i>Wendeline Rodriguez</i>	
Full Name of Inventor	Last Name <b>RODRIGUEZ</b>	First Name <b>WENDELIN</b>	Middle Name <b>E.</b>
Residence & Citizenship	City <b>EAU CLAIRE</b>	State or Foreign Country <b>MICHIGAN</b>	Country of Citizenship <b>UNITED STATES OF AMERICA</b>
Post Office Address	Street & No. <b>6133 HIPPSHOLLOW RD.</b>	City <b>EAU CLAIRE</b>	State or Country <b>MICHIGAN</b> Zip Code <b>49111</b>